



www.gallatin.mt.gov/health

Gallatin City-County Health Department

Environmental Health Services
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Bozeman, MT 59715-3478
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Food Service Commissary Form

A "commissary form" is required for all establishments, mobile units, push-carts, caterers, etc. that are not fully self contained. Please complete the information below and return it to Environmental Health Services for approval.

Establishment Name _____ License # _____
(establishment needing commissary)

Establishment Name _____ License # _____
(establishment providing commissary)

Address _____

- ☐ **Mobile Food Service** - Pursuant to Administrative Rules of Montana (ARM) 37.110.256, (5) A mobile food service must report as needed to a servicing area for supplies, cleaning, and maintenance, unless otherwise allowed by the local health authority. 37.110.257 (1) Pushcarts must operate in accordance with ARM 37.110.256.
- ☐ **Retail Food Service** - Pursuant to Administrative Rules of Montana (ARM) 37.110.203, (26) A Food establishment means an operation defined in 50-50-102 (8), MCA, and includes an operation that stores, prepares, packages, serves, vends, or otherwise provides food for human consumption in a mobile, stationary, temporary, semi-permanent or permanent facility or location; where consumption is on or off the premises and regardless of whether there is a charge for the food.

- | | |
|---|--|
| <input type="checkbox"/> Assembling, packaging and labeling | <input type="checkbox"/> Cold storage |
| <input type="checkbox"/> Dry storage | <input type="checkbox"/> Equipment storage |
| <input type="checkbox"/> Equipment, utensil ware washing | <input type="checkbox"/> Food preparation |
| <input type="checkbox"/> Food storage | <input type="checkbox"/> Garbage disposal |
| <input type="checkbox"/> Repackaging non-perishables | <input type="checkbox"/> Restroom (within 200 feet of the pushcart/mobile) |
| <input type="checkbox"/> Wastewater disposal | <input type="checkbox"/> Water source |
| <input type="checkbox"/> Other _____ | |

Signature of Mobile/Retail Food Service owner

Date

Signature of Commissary Owner

Date

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☐ Approve ☐ Disapprove Comments _____

Environmental Health Specialist

Date